F1 Unstalling (1-14).

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l hereby n 37 CFR 3		us powers of attorney g	liven in the	appıı	cation identified in the a	tached state	ment under
l hereby a						1	
Practitioners associated with the Customer Number: OR			75671				
	tioner(s) named bel	ow (if more than ten patent p	ractitioners ar	e to b	named, then a customer nun	nbar must be use	ed):
	Na	ame	Registration Number		Name		Registration Number
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any and all p attached to	patent applications a this form in accorda	ssigned only to the undersignce with 37 CFR 3.73(b).	ned according	to the	Patent and Trademark Office USPTO assignment records	or assignment d	nection with ocuments
Please char	ge the corresponde	nce address for the applicati	on identified in	the a	ttached statement under 37 C	FR 3.73(b) to:	
The address essociated with Customer Number: 75671							
Firm	or Idual Name						
Address	Idual Name						
City	City		State			Zip	
Country							
Telephone			~		Email		
Assignee Name and Address: Cositophalus Limited Liability Company							
160 Greentree Drive, Suite 101							
Dover, DE 19904 United States of America							
A	this farm tageth				o) (Form PTO/SB/96 or eq	uivalent) is re	equired to be
filed in ea	ch application in	which this form is used	d. The state pinted pract	ment ition	under 37 CFR 3.73(b) ma er is authorized to act on	ay be complet	ted by one of
SIGNATURE of Assignee of Record The indixfous whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	11	A			Date		89
Name	Stephen Finley				Telepho		/
Title	Authorized Person for Cositophalus Limited Liability Company						

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